

THE USES OF PHYSIOTHERAPY

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RENAL DISEASE

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Renal Disease

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It is an interesting psychological fact that the medical practitioner when confronted with a case of "kidney" disease has a mental picture of a destructive lesion, that involves the entire kidney structure, that the prognosis, because it is "kidney" disease is *per se* serious and dangerous and perhaps fatal. Nothing could be further from the truth.

To me one of the most illuminating and outstanding factors bearing on this question was a cat. This animal, the subject of kidney removal and partial destruction, belonged to Dr. Martin Fischer of Cincinnati. In spite of the loss of much kidney tissue, I was informed that this female had been delivered of a number of litters of kittens, had survived and did not pass into coma and die. Of the ultimate outcome in her case deponent cannot further state. But the interesting lesson to be drawn from this feline is: that Nature has given us an oversupply of kidney structure and that given a nephritis it does not follow, *ex necessitate rei*, that all the kidney structure is involved or in process of destruction.

A proper mental attitude on the part of the physician is of inestimable advantage to the patient suffering from nephritis, for it leads the practitioner to active interference, not alone to check the pathology present and save uninvolved tissue, but to make strenuous efforts to bring about a *restitutio ad integrum* of the tissue involved. I have seen good men greatly depressed by such a diagnosis in their *clientele* because "Bright's" disease is a fatal and dangerous ailment. Nor must one focus his attention on the kidney alone, for a general view taken of the patient as a whole will oftentimes change our outlook in such cases. It is indeed faulty medicine not to examine thoroughly. We can again quote that oft quoted remark of Osler's that it is just as important to know the patient the disease has, as to know the disease the patient has, and this can only be determined by a general and somewhat extended acquaintance with the patient's physical, functional, neurological and psychic state.

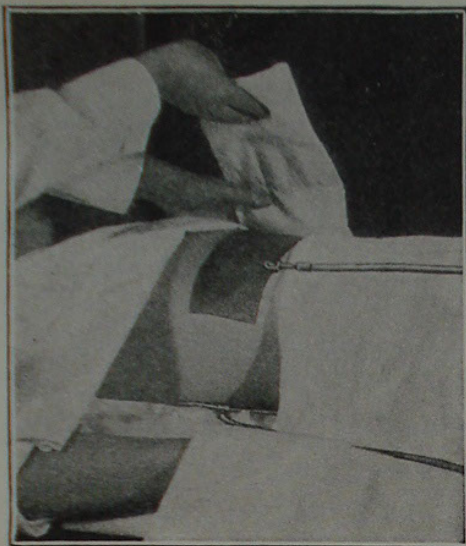


Fig. 1. Showing application of abdominal and dorsal electrodes in diathermic treatment of Renal Disease.

The fear of renal mischief is not limited to the medical man, but it terrorizes the patient and fear is a great waster of reserve force.

It is to be regretted that in this class of cases so few measures are employed to relieve the trouble. There is a tendency in the subacute and subchronic cases to put a patient to bed, strictly at rest upon a diet, and carefully limit and restrict the intake of food, especially protein. This can be easily overdone. In those who habitually overeat, and eat highly seasoned

and overstimulating food, the change to plain, simple well cooked food, lessened in quantity, may be all that is necessary to check the progress of the disease. If a strict diet is essential it has always been my principle to just as rapidly as possible get the sufferer back upon the maximum tolerable diet of proper food stuffs. In this day and generation total abstinence is the safest for all, but the irritative products present in the "stuff" now called whiskey, absolutely preclude its use, under any and all circumstances. Again it must be borne in mind that it is not necessary to "wash the kidneys out" by free water drinking. The influence of water upon the economy and upon a kidney struggling with its own disease, becomes a problem that a physician only can and must try. The modern tests of the kidney by water ingestion will give much useful information that can be practically applied to a given case. Rest is essential but this does not of necessity mean in bed. It can oftentimes be better accomplished by late rising, early retiring and lessened exertion in the interim. There are many patients who do not readily tolerate too much restriction of physical activity and unless the emergency is pressing, judgment must be used. Rest should not be limited to the body alone but wherever possible a wholesome mental rest must be secured. This may be obtained in active and busy men and women by changing the kind of mental activity. An interesting magazine, a good novel, a tale of mystery or of the great outdoors gives a psychic outlet that is much better than sitting or lying in bed thinking, worrying or twiddling one's thumbs. Gentle exercise combined with a

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maximum of fresh air can be obtained from sensible motoring for a short time followed by a complete rest in bed or on a lounge for an hour or two.

Medication requires judgment and must be used to suit each case. My personal predilection is for as little medication as possible. I have seen alkalination help; also the use of some of the glandular products, especially nephritin. Watching the renal elimination, keeping a close eye on the cardiac apparatus and skin, will enable one to meet the needed requirements of chemical treatment. Any underlying infection such as syphilis must be noted and treatment instituted, but not in my opinion by the salvarsans. Careful tentative use of hydragyrum and bismuth is better than arsenic. All focal infection must be removed and promptly treated, and it is not an unusual thing to see prompt betterment after a focus has been cleared. But I here protest again against the useless, wasteful and often needless sacrifices upon the altar of feticism, by the reckless removal of teeth and tonsils. Some should be removed; that is true. But remember that store teeth are poor substitutes for the ones grown by natural processes and that the removal of teeth may be the beginning of gastrointestinal disorders that may in themselves produce such a disturbance as will not only aggravate but terminate a kidney case.

Renal cases as a rule are benefited by colon drainage or lavage, and by this I do not mean enemas, high or low, but real cleansing of the colon by many gallons of water followed by proper treatment or by the implantation of "friendly" bacteria. It is astonishing how some cases clear up under this form of treatment. Like everything else in medicine it requires care and judgment in its use and an

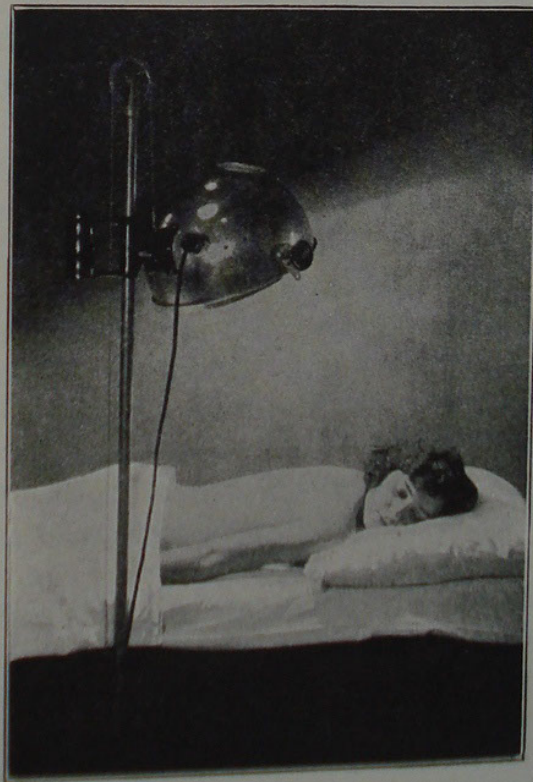


Fig. 2. Actinic Light Treatment in Renal Disease.

